

**UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA
CERTIFIED/PROFESSIONALLY-QUALIFIED INTERPRETERS
STATEMENT OF SERVICES**

INTERPRETER NAME/PAYEE _____	INVOICE/PURCHASE ORDER # _____
MAILING ADDRESS _____	SOC SEC/TAX # (Payee) _____
CITY, STATE, ZIP _____	PHONE # & EMAIL _____

INTERPRETING SERVICES

LANGUAGE _____ **Please check one:** _____ AO Certified _____ Professionally Qualified
CASE NUMBER _____ **CASE CAPTION** _____ **JUDGE** _____

Date _____	_____ hrs	(from) _____	(to) _____
Date _____	_____ hrs	(from) _____	(to) _____
Date _____	_____ hrs	(from) _____	(to) _____
Date _____	_____ hrs	(from) _____	(to) _____
Date _____	_____ hrs	(from) _____	(to) _____

FEES CLAIMED (Daily Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____
FEES CLAIMED (Half-Day Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____
FEES CLAIMED (Overtime Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____

TRAVEL TIME

Departed from residence - City of _____ Date and Time _____
Arrived at City of _____ Date and Time _____
Returned to residence - City of _____ Date and Time _____

FEES CLAIMED (Daily Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____
FEES CLAIMED (Half-Day Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____
FEES CLAIMED (Overtime Rate) \$ _____ Per Day/hour x _____ Days/hours = \$ _____

TOTAL FEES \$ _____

Subsistence Expenses:**

Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total
Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total
Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total
Date _____	Location _____	Lodging _____	+	Meals & Incidentals _____	=	\$ _____ Total

(***ACTUAL** Expenses - lodging plus meals & incidentals expenses, not to exceed per diem rates of \$154 in Omaha, or \$123 in Lincoln and North Platte.
Last Day- No hotel - actual expenses up to \$61 in Omaha for meals & incidentals, and \$46 in Lincoln and North Platte for meals & incidentals)

TOTAL SUBSISTENCE \$ _____

Mileage:** Date _____ Number of Miles _____
Date _____ Number of Miles _____

TOTAL MILES _____ @ **\$0.50 = \$** _____

****Must be a minimum of 30 miles one-way from interpreter's residence.**

Other Expenses:*** _____

(***)Airline tickets, taxi fares, equipment, phone calls, hotel taxes, parking fees (dates and amounts). Attach copy of economy class airline ticket, lodging receipt and a copy of other receipts over \$25.00) **ALL ARE REQUIRED.)**

TOTAL OTHER \$ _____

TOTAL AMOUNT CLAIMED \$ _____

INTERPRETER SIGNATURE _____ **DATE** _____

Note: Statements of Services should be submitted within 30 days of contract performance.

MAIL INVOICE/DOCUMENTATION TO: U.S. District Court, Administrative Services, Attn: Deb Wesely, 111 S. 18th Plaza, Suite 1152, Omaha, NE 68102-1322

Operations Reviewer (confirms case-related information) _____

Date _____